



# Town of Granby, Massachusetts

## Building Department

10B West State Street - Granby, MA 01033

Tel: (413) 467-7179 Fax: (413) 467-2080

[www.granby-ma.gov](http://www.granby-ma.gov)

Carissa M. Lisee  
Building Commissioner

### APPLICATION FOR DEMOLITION OF A STRUCTURE

*A permit to demolish or remove a building or structure shall not be issued until a release is obtained from the utilities, stating that their respective service connections and appurtenant equipment have been removed or sealed and plugged in a safe manner. All debris shall be disposed of in accordance with 780 CMR*

**THE MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION (D.E.P)  
REQUIRES NOTIFICATION PRIOR TO DEMOLITION AND CONSTRUCTION. ALL  
ASBESTOS MUST BE REMOVED BEFORE DEMOLITION AND RENOVATION.**

**FOR INFORMATION AND PERMIT APPLICATIONS, CONTACT THE SPRINGFIELD  
D.E.P OFFICE AT (413) 784-1100 EXT 2210**

Applicant shall be required to provide an asbestos survey/clearance report from a licensed asbestos firm or asbestos tester prior to issuance of a demolition permit.

### CONTACT TELEPHONE NUMBERS

| <u>INSPECTION SERVICE</u> | <u>INSPECTOR'S NAME</u> | <u>CONTACT NUMBER</u> |
|---------------------------|-------------------------|-----------------------|
| Building                  | Carissa Lisee           | 467-7179              |
| Electrical                | Art Courshesne, Jr.     | 467-3878              |
| Plumbing & Gas            | Fred Marion             | 467-7524              |
| Fire                      | Granby Fire Department  | 467-9696              |
| Board of Health           | Micheline Turgeon       | 467-7174              |
| Public Works              | David Desrosiers        | 467-7575              |

**NOTICE OF START: At least 24-hour notice of start of work under a building permit shall be given to the Building Official. Contractor or builder is to give the Building Official 24 hour notice prior to the time when these inspections are required. The Building Official shall make the inspections within 48 hours after notification.**

## **DEMOLITION PERMIT SIGN-OFF SHEET**

(Supplement to permit application)

### **780 CMR 33.03 DEMOLITION**

**3303.6 Utility Connections:** Service utility connections shall be discontinued and capped in accordance with the approved rules and the requirements of the applicable governing authority.

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Applicant shall be required to provide an asbestos survey/clearance report from a licensed asbestos firm or asbestos tester prior to issuance of a demolition permit.

**Please fill in the information below and submit with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.**

I, \_\_\_\_\_, hereby supply the following release as part of the application for a permit to demolish the structure located at \_\_\_\_\_ and is shown on the Assessor's Map of \_\_\_\_\_ as being on Map # \_\_\_\_\_ Block # \_\_\_\_\_ Lot # \_\_\_\_\_ and is currently owned by \_\_\_\_\_

For the above described property, the following action was taken:

Water shut off? Yes ☐ No ☐

Provider notified and release obtained? Yes ☐ No ☐

Gas shut off? Yes ☐ No ☐

Provider notified and release obtained? Yes ☐ No ☐

Electricity shut off? Yes ☐ No ☐

Provider notified and release obtained? Yes ☐ No ☐

\_\_\_\_\_  
Other (if applicable) Yes ☐ No ☐

Provider notified and release obtained? Yes ☐ No ☐

\_\_\_\_\_  
Yes ☐ No ☐

Provider notified and release obtained? Yes ☐ No ☐

Board of Health: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: (413) 467-7174

Conditions for Demolition: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

This sheet must be returned to the Inspections Department along with a completed application for a permit, a site plan and any other applicable information and fees.

**NOTE: ALL APPLICANTS ARE RESPONSIBLE TO FOLLOW DEP AND EPA REGULATIONS**



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Building Commissioner

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Map/Parcel: \_\_\_\_\_

Zoning: \_\_\_\_\_

|                                   |   |   |
|-----------------------------------|---|---|
| Sanitary Disposal System          | Y | N |
| Well Permit                       | Y | N |
| Well Drilling Report              | Y | N |
| Water Test                        | Y | N |
| 3 Sets Building Plans             | Y | N |
| Copy of Deed                      | Y | N |
| Marked Smoke Detectors            | Y | N |
| Construction Supervisor's License | Y | N |
| Home Improvement Registration     | Y | N |
| Homeowner Exemption               | Y | N |
| Workmen's Comp Affidavit          | Y | N |

|                                   |   |   |
|-----------------------------------|---|---|
| Permit Fee Paid                   | Y | N |
| Taxes Paid                        | Y | N |
| Plot Plan                         | Y | N |
| As-Built Needed                   | Y | N |
| Demo Debris                       | Y | N |
| Building in Flood Plain           | Y | N |
| Building in Wetlands              | Y | N |
| Located on Scenic Road            | Y | N |
| Stone Walls                       | Y | N |
| Building in Water Supply District | Y | N |
| Energy Audit                      | Y | N |

|                            |
|----------------------------|
| <b>Board of Health</b>     |
| Well: _____                |
| Septic: _____              |
| <b>Fire Chief:</b>         |
| <b>Planning Board:</b>     |
| <b>Highway Supervisor:</b> |

|                                 |
|---------------------------------|
| <b>Sewer Commissioner:</b>      |
| <b>Chief of Police:</b>         |
| <b>Historical Commission:</b>   |
| <b>Conservation Commission:</b> |
| <b>Tree Warden:</b>             |

**NOTE: A Building permit will NOT be issued unless this form is filled out properly and signatures for checked boxes have been obtained.**

\_\_\_\_\_  
Building Commissioner/Zoning Enforcement Officer



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### **LOCATION OF DEMOLITION DEBRIS**

In accordance with the provisions of MGL c 40, S 54, a condition of Building Permit Number \_\_\_\_\_ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, S 150A.

The debris will be disposed of in:

\_\_\_\_\_  
(Location of Facility)

\_\_\_\_\_  
Signature of Permit Applicant

\_\_\_\_\_  
Date



# TOWN OF GRANBY, MASSACHUSETTS

## BUILDING DEPARTMENT ACCESSORY PERMIT APPLICATION

IMPORTANT – Complete ALL items where applicable

Permit No. \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Approved: \_\_\_\_\_

### SECTION 1: PROPERTY ADDRESS

Address: \_\_\_\_\_ Lot No.: \_\_\_\_\_  
Zone: \_\_\_\_\_ Assessor Map/Parcel No.: \_\_\_\_\_

### SECTION 2: SITE INFORMATION AND COST OF IMPROVEMENTS

#### 2.1. LOCATION OF BLDG. ON LOT – DISTANCE OF BLDG FROM

Street line \_\_\_\_\_ ft  
Right lot line \_\_\_\_\_ ft

Left lot line \_\_\_\_\_ ft  
Rear lot line \_\_\_\_\_ ft

Is this a corner lot? ☐ Yes ☐ No

If answer is Yes – Distance of Bldg. from  
side street line: \_\_\_\_\_ ft

#### 2.2. TYPE OF SEWAGE DISPOSAL

- ☐ Individual (septic tank, etc.)  
☐ Public or private company

#### 2.3. TYPE OF WATER SUPPLY

- ☐ Individual (well, cistern)  
☐ Public or private company

#### 2.4. COST

Cost of Improvement \$ \_\_\_\_\_  
To be installed but not included in the  
above cost  
Electrical \$ \_\_\_\_\_  
Plumbing \$ \_\_\_\_\_  
Heating, A.C. \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
Total Cost \$ \_\_\_\_\_

#### 2.5. DIMENSIONS

Number of stories \_\_\_\_\_

Size of building – front \_\_\_\_\_  
rear \_\_\_\_\_  
deep \_\_\_\_\_

Total square feet of floor area, all floors  
based on exterior dimensions \_\_\_\_\_

Total square foot of garage area \_\_\_\_\_

Size of lot – front \_\_\_\_\_  
depth \_\_\_\_\_

Total land area, square feet \_\_\_\_\_

### SECTION 3: DESCRIPTION OF PROPOSED WORK

☐ Owner Occupied No. Of Units: \_\_\_\_\_ Code Edition: \_\_\_\_\_ Building Use Group: \_\_\_\_\_

Brief Description of Proposed Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 4: PROPERTY OWNERSHIP

#### 4.1. Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### SECTION 5: CONSTRUCTION SERVICES

#### 5.1. Construction Supervisor:

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Signature of Contractor: \_\_\_\_\_

CSL Number: \_\_\_\_\_

List CSL Type: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

| TYPE | DESCRIPTION   |
|------|---|
| U    | Unrestricted (up to 35,000 cu.ft.)                    |
| R    | Restricted 1 & 2 Family Dwelling                      |
| IA   | Masonry Only  |
| RF   | Residential Roofing Covering                          |
| WS   | Residential Window and Siding                         |
| SF   | Residential Solid Fuel Burning Appliance Installation |
| DM   | Demolition Only                                       |
| IC   | Insulation  |

#### 5.2 Registered Home Improvement Contractor (HIC)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L.c. 152, § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit. Signed Affidavit attached? ☐ Yes ☐ No

### SECTION 7: OWNER DECLARATION

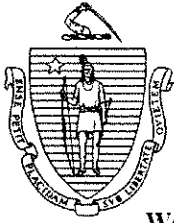
As Owner, I hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf,

Signature of Owner \_\_\_\_\_

Application Date \_\_\_\_\_

### NOTES

An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L.c.142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR.



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**1 Congress Street, Suite 100**  
**Boston, MA 02114-2017**  
**[www.mass.gov/dia](http://www.mass.gov/dia)**

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.**  
**TO BE FILED WITH THE PERMITTING AUTHORITY.**

**Applicant Information**

**Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

1. ☐ I am a employer with \_\_\_\_\_ employees (full and/or part-time).\*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
6. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

**Type of project (required):**

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.***

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

***Official use only. Do not write in this area, to be completed by city or town official.***

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

**1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector**

**6. Other \_\_\_\_\_**

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**TOWN OF GRANBY  
BUILDING DEPARTMENT  
HOMEOWNER LICENSE EXEMPTION**

**PLEASE PRINT**

**DATE:** \_\_\_\_\_

**JOB LOCATION:** \_\_\_\_\_  
Number Street Address

**"HOMEOWNER":** \_\_\_\_\_

**PRESENT MAILING ADDRESS:** \_\_\_\_\_  
Number Street Address

\_\_\_\_\_  
City/Town State Zip Code

The current exemption for "homeowners" was extended to include **owner occupied dwellings** of two units or less and to allow such homeowners to engage an individual for hire who does not possess a license, **provided that the owner acts as supervisor**. (State Building Code Section 110.R5)

**DEFINITION OF HOMEOWNER:**

Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or intended to be, a *one or two family dwelling*, attached or detached accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such "homeowner" shall submit to the Building Official, on a form acceptable to the Building Official, that **he/she shall be responsible for all such work performed under the building permit**. (Section 110.R5.1.2)

The undersigned "homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned "homeowner" certifies that he/she understands the Town of Granby Building Inspection Department minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

**HOMEOWNER'S SIGNATURE:** \_\_\_\_\_

**APPROVAL OF BUILDING OFFICIAL:** \_\_\_\_\_

**NOTE:** Three family dwellings 35,000 cubic feet or larger will be required to comply with State Building Code Section 107.6 – **Construction Control**.



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### **ASBESTOS REMOVAL**

All residential, commercial and institutional buildings are subject to Massachusetts Department of Environmental Protection (MassDEP) asbestos regulations at 310 CMR 7.15. Therefore, owners and/or operators (e.g. building owners, renovation and demolition contractors, plumbing and heating contractors, flooring contractors, etc.) need to determine all asbestos containing materials (both non-friable and friable) that are present at the site and whether or not those materials will be impacted by the proposed work *prior* to conducting any renovation or demolition activity.

Examples of commonly found asbestos containing materials include, *but are not limited to*, heating system insulation, floor tiles and vinyl sheet flooring, mastics, wallboard, joint compound, decorative plasters, asbestos containing siding and roofing products and fireproofing.

Failure to identify and remove all asbestos containing material prior to its being impacted by renovation or demolition activities can result in significant penalty exposure, and higher clean-up, decontamination, disposal and monitoring cost.

A DOS certified asbestos consultant must be hired to determine if asbestos is present and whether removal/repair is necessary. If the building is a state-owned facility, contact DCAM and DOS. DOS provides a list of licensed asbestos abatement contractors and consultants. You may wish to ask about a contractor's history of violations. Only DOS licensed and DOS certified asbestos abatement contractors and consultants may be hired to perform asbestos-related work in Massachusetts. For more information and permit applications, please contact the Springfield DEP Office at (413) 784-1100 ext 2210.

Received By: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**TOWN OF GRANBY  
BUILDING DEPARTMENT**

**REQUEST TO COLLECTOR'S OFFICE  
FOR VERIFICATION OF PAYMENTS**

**PROPERTY LOCATION:** \_\_\_\_\_

**PARCEL ID:** \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_

**PLEASE CHECK ONE:**

☐ BUILDING      ☐ SIGN PERMIT      ☐ ELECTRICAL      ☐ PLUMBING

**PERSON REQUESTING PERMIT:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**COLLECTOR'S OFFICE ENTRY**

**REMARKS:** \_\_\_\_\_

**REPORTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_